

GENERAL APPENDIX 10

PROVIDER FORMS REQUEST INSTRUCTIONS

=The Department of Public Aid provides required billing forms (with the exception of the UB-92 claim form), prior approval request forms, adjustment forms and various types of pre-addressed mailing envelopes to be used by the providers to submit claims and adjustments to the Department. Single sheet billing forms are intended for use only in laser printers. Multi-page continuous feed forms are intended for use in either typewriters or impact printers.

These materials may only be obtained by submitting Form DPA 1517/1517A, Provider Forms Request, to the Department as described below. The Department will not mail forms (except Form DPA 1517/1517A) in response to telephone requests. Local Department of Human Services offices do not maintain a supply. The provider should submit the Provider Forms Request at least three weeks in advance.

Supplies of either Form DPA 1517 or 1517A may be obtained by calling the appropriate numbers below:

For the counties of Cook, DuPage, Kane, Kankakee, Lake, Will and Winnebago, Form DPA 1517A may be obtained by calling (773) 650-7311.

For all other Illinois counties and all out-of-state providers, Form DPA 1517 may be obtained by calling (217) 786-6968.

PREPARATION AND MAILING INSTRUCTIONS FORM DPA 1517/1517A, PROVIDER FORMS REQUEST

Facsimiles of Form DPA 1517 and 1517A are included in this Appendix. Instructions for their completion follow in the order in which the entry fields appear on the form. The forms should be either typewritten or legibly hand printed.

Provider Name, Provider Number, and Provider Type - Enter the provider name, provider number and provider type exactly as they appear on the Provider Information Sheet.

IDPA Form Number and Quantity - Enter the IDPA form number(s) being requested. Generally, the form number is shown in the lower left corner of the form. In most cases, the form number format will be "DPA" followed by a number or number/alphabetical combination.

Enter the quantity of each form requested. The quantity should be in lots of 100, i.e., 100, 200, 500, etc. Please request a sufficient quantity to last three (3) months. If applicable, indicate whether the forms are to be either Continuous Feed or Snap Out.

IDPA Envelope Number and Quantity - Enter the IDPA envelope number being requested. The number of the envelope is shown in the lower left corner on the face of the envelope. Enter the quantity of the envelope requested. Please request a sufficient quantity to last three (3) months.

Refer to Chapter 200 of the applicable provider Handbook for the form and envelope numbers appropriate for each provider type.

Mailing Label Area (bottom of the form)

Enter the name and address to which forms and envelopes are to be sent. Inclusion of the zip code is essential. Forms and mailing envelopes will be sent only to enrolled providers. The Department of Public Aid will not provide forms or envelopes to a billing service, unless the order includes the name and provider number of a currently enrolled medical provider on whose behalf the billing service is requesting forms.

SUBMITTAL INSTRUCTIONS

Submit the original Provider Forms Request as follows:

For the counties of Cook, DuPage, Kane, Kankakee, Lake, Will and Winnebago send a Form DPA 1517A to:

= Illinois Department of Human Services
Quad County Stores
5150 West Roosevelt Road
Chicago, Illinois 60644-1437
Telephone: (773) 854-5164

For all other Illinois counties and all out-of-state providers, send a Form DPA 1517 to:

= Illinois Department of Human Services
Downstate Stores
5000 Industrial Drive
Springfield, Illinois 62703-5387
Telephone: (217) 786-6968

Questions regarding the correct completion of the Form DPA 1517 or 1517A should be directed to the appropriate phone numbers as shown above.

Reduced Facsimile of Form DPA 1517

DPA 1517 (R-3-95)

PROVIDER FORMS REQUEST



Illinois Department of Public Aid
 5000 INDUSTRIAL DRIVE
 SPRINGFIELD, ILLINOIS 62703-5387

Completion of this form or compliance with instructions is voluntary. However, failure to do so may affect this Department's action on this request. This form approved by the Forms Management Center

Please limit the quantity of forms and envelopes requested to a 3 month's supply.

TYPE OR PRINT ALL ENTRIES.

PROVIDER NAME _____

PROVIDER NUMBER _____ **PROVIDER TYPE** _____

Enter below the "IDPA FORM NUMBER"
AND "QUANTITY" requested.

IDPA FORM NUMBER QUANTITY

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Enter below the "IDPA ENVELOPE NUMBER"
AND "QUANTITY" requested.

IDPA ENVELOPE NUMBER QUANTITY

_____	_____
_____	_____
_____	_____
_____	_____

FOR IDPA USE ONLY

(PROVIDER NUMBER IS REQUIRED)

PROVIDER NUMBER _____ **PROVIDER TYPE** _____

Attention

PROVIDER NAME _____

STREET ADDRESS (cannot deliver to Post Office box)

CITY

STATE

ZIP

Reduced Facsimile of Form DPA 1517A

DPA 1517A (R-5-99)

IL478-203

PROVIDER FORMS REQUEST



Illinois Department of Public Aid
3721 South St. Louis Avenue
Chicago, Illinois 60632-3320

Completion of this form or compliance with instructions is voluntary. However, failure to do so may affect this Department's action on this request. This form approved by the Forms Management Center

Please limit the quantity of forms and envelopes requested to an amount which would be used in a 3 month period.

TYPE OR PRINT ALL ENTRIES

ORDER REQUEST DATE _____

PROVIDER NAME _____

PROVIDER NUMBER _____ PROVIDER TYPE _____

Enter below the "IDPA Form Number"
 And "Quantity" requested.

<u>IDPA Form Number</u>	<u>QUANTITY</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Enter below the "IDPA Envelope Number"
 And "Quantity" requested.

<u>IDPA Envelope Number</u>	<u>QUANTITY</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOR IDPA USE ONLY

(Provider Number is Required)

PROVIDER NUMBER _____ PROVIDER TYPE _____

Attention _____

PROVIDER NAME _____

Street Address (cannot deliver to Post Office box) _____

City _____

State _____

Zip _____

GENERAL APPENDIX 11**MANAGED CARE ORGANIZATION (MCO) CONTRACTORS****COOK COUNTY****Americaid Community Care**

211 West Wacker Drive, Suite 1350
Chicago, Illinois 60606
Telephone (312) 214-0400
Fax: (312) 214-0424
Member Services (800) 600-4441

Humana Health Plan

30 South Wacker Drive, #3100
Chicago, Illinois 60606
Telephone (312) 441-5515
Fax: (312) 441-5091
Member Services (800) 599-1754

Family Health Network

910 West Van Buren, 6th Floor
Chicago, Illinois 60607-3523
Telephone (312) 491-1956
Fax (312) 491-1175
Member Services (888) 346-4968

Harmony Health Plan of Illinois

125 South Wacker Drive, Suite 2900
Chicago, Illinois 60606-4402
Telephone (312) 630-2025
Fax: (312) 630-2022
Member Services (800) 608-8158

United Health Care of Illinois

233 North Michigan Avenue
Chicago, Illinois 60601-5519
Telephone (312) 424-4460
Fax: (312) 424-4753
Member Services (800) 245-2466

MADISON/ST. CLAIR COUNTIES**=Harmony Health Plan of Illinois**

100 North 8th Street
East St. Louis, Illinois 62201
Telephone (800) 608-8158
Fax: (618) 482-3275
Member Services (800) 608-8158

=GENERAL APPENDIX 12**COST-SHARING FOR KIDCARE SHARE AND KIDCARE PREMIUM**

Benefit	Cost-Sharing *	
	KidCare Share	KidCare Premium
Inpatient hospital services	\$2/admission	\$5/admission
Emergency hospital services	\$2/visit	\$5/visit OR \$25/visit when emergency room is used for non- emergency reason
Outpatient hospital services	\$2/visit	\$5/visit
Physician services	\$2/visit	\$5/visit
Clinic services	\$2/visit	\$5/visit
Prescription drugs	\$2/Prescription (1-30 day supply)	\$3/Generic OR \$5/Brand Name Prescription (1-30 day supply)
Over-the-counter medications	\$2/Prescription (1-30 day supply) covered only when prescribed	\$3/Generic OR \$5/Brand Name Prescription (1-30 day supply) covered only when prescribed
Outpatient laboratory and radiology services (hospital based or independent)	\$0	\$0
Prenatal care	\$0	\$0
Family planning services	\$2/Visit	\$5/Visit

Benefit	Cost-Sharing *	
	KidCare Share	KidCare Premium
Inpatient mental health services	\$2/Admission	\$5/Admission
Outpatient mental health services	\$2/Visit	\$5/Visit
Inpatient substance abuse treatment services	\$2/Admission	\$5/Admission
Residential substance abuse treatment services	\$2/Admission	\$5/Admission
Outpatient substance abuse treatment services	\$2/Visit	\$5/Visit
Durable medical equipment	\$0	\$0
Disposable medical supplies	\$0	\$0
Preventive dental services	\$0	\$0
Restorative dental services	\$2/Visit	\$5/Visit
Hearing screening	\$0	\$0
Vision screening	\$0	\$0
Optometric services	\$2/Visit	\$5/Visit
Corrective lenses (including eyeglasses)	\$0	\$0
Immunizations	\$0	\$0
Well-baby visits	\$0	\$0
Well-child visits	\$0	\$0
Early Intervention services	\$0	\$0
Emergency medical transportation	\$0	\$0

Benefit	Cost-Sharing *	
	KidCare Share	KidCare Premium
Non-emergency medical transportation	\$0	\$0
Physical therapy	\$0	\$0
Speech therapy	\$0	\$0
Occupational therapy	\$0	\$0
Physical rehabilitation services (hospital based)	\$0	\$0
Advanced Practice Nurses	\$2/Visit	\$5/Visit
Podiatric services	\$2/Visit	\$5/Visit
Chiropractic services	\$2/Visit	\$5/Visit
Audiology	\$0	\$0
Home health care services	\$2/Visit	\$5/Visit
Nursing facility	\$0	\$0
ICF/MR	\$0	\$0
Hospice care	\$0	\$0
Private-duty nursing	\$2/Visit	\$5/Visit
EPSDT not otherwise listed above	\$0	\$0

* Cost Sharing - No copayments are required for preventive or diagnostic services. The annual copayment maximum per family is \$100. Families with children who are of American Indian or Alaska Native ancestry may not be charged a copayment.

GENERAL APPENDIX 13

COPAYMENT PROCEDURE CODES

Code	Description
90015	Podiatrist - Office visit, new
90060	Podiatrist - Office visit, est.
98940	Chiropractor visit
98941	Chiropractor visit
98942	Chiropractor visit
98943	Chiropractor visit
99201	Physician - Office visit, new
99202	Physician - Office visit, new
99203	Physician - Office visit, new
99204	Physician - Office visit, new
99205	Physician - Office visit, new
99211	Physician - Office visit, est.
99212	Physician - Office visit, est.
99213	Physician - Office visit, est.
99214	Physician - Office visit, est.
99215	Physician - Office visit, est.
99241	Physician - Office Consult, est.
99242	Physician - Office Consult, est.
99243	Physician - Office Consult, est.
99244	Physician - Office Consult, est.
99245	Physician - Office Consult, est.
X1010	Optometrist visit